

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101590,349

FILING DATE

8-23-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1	1					51					
2		1						52					
3								53					
4		2						54					
5	1							55					
6								56					
7		2						57					
8	2							58					
9								59					
10		1						60					
11		2						61					
12	1							62					
13								63					
14	1							64					
15	1							65					
16	1							66					
17								67					
18								68					
19								69					
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39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	1		1										
TOTAL DEP.	18	←	65	←				↓		↓		↓	
TOTAL CLAIMS	19		66										